A TAMPA

PTO/SB/22 (04-07)

| Approved for use through 09/30/2007. OMB 0651-0031  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  U.S. Patent and U.S. Patent Office; U.S. DEPARTMENT OF COMMERCE  U.S. Patent Office; U.S. DEPARTMENT OF |                     |                       |                          |                         |  |
|---|---------------------|-----------------------|--------------------------|-------------------------|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |                     |                       | Docket Number (Optional) |                         |  |
| FY 2006   |                     |                       | V0139.70028US00          |                         |  |
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |                     |                       | <b>-</b>                 |                         |  |
| Application Number  | 09/277,575-Conf.    | . #3/48               | Filed                    | March 27, 1999          |  |
| For METHODS AND PRODUCTS RELATED TO METABOLIC INTERACTIONS DISEASE  |                     |                       |                          |                         |  |
| Art Unit 1644   |                     |                       | Examiner                 | F. P. Vandervegt        |  |
| This is a request under the provisidentified application.   |                     |                       | _                        |                         |  |
| The requested extension and fee   | are as follows (che | eck time period desir | red and enter the        | appropriate fee below): |  |
|   |                     | <u>Fee</u>            | Small Entity Fe          | <u>ee</u>               |  |
| One month (37 CFR   | 1.17(a)(1))         | \$120                 | \$60                     | \$60.00                 |  |
| Two months (37 CFR 1.17(a)(2))  |                     | \$450                 | \$225                    | \$                      |  |
| Three months (37 CFR 1.17(a)(3))  |                     | \$1020                | \$510                    | \$                      |  |
| Four months (37 CFR 1.17(a)(4))   |                     | \$1590                | \$795                    | \$                      |  |
| Five months (37 CFI   | R 1.17(a)(5))       | \$2160                | \$1080                   | \$                      |  |
| X Applicant claims small entity status. See 37 CFR 1.27.  |                     |                       |                          |                         |  |
| X A check in the amount of the fee is enclosed.   |                     |                       |                          |                         |  |
| Payment by credit card. Form PTO-2038 is attached.  |                     |                       |                          |                         |  |
|   |                     |                       |                          |                         |  |
| The Director has already been authorized to charge fees in this application to a Deposit Account.   |                     |                       |                          |                         |  |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23/2825 I have enclosed a duplicate copy of this sheet.  |                     |                       |                          |                         |  |
| - 5,- 5   |                     | Thave ende            | sed a duplicate c        | opy of this sheet.      |  |
| I am theapplicant/i   |                     | •                     |                          |                         |  |
| аррисания ченког.   |                     |                       |                          |                         |  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                     |                       |                          |                         |  |
| x attorney or   | agent of record. F  | Registration Number   | 39,248                   |                         |  |
| attorney or agent under 37 CFR 1.34.  |                     |                       |                          |                         |  |
| Registration number if acting under 37 CFR 1.34   |                     |                       |                          |                         |  |
| Muherland   |                     |                       | Auc                      | gust 8, 2007            |  |
| Signature   |                     |                       | Date                     |                         |  |
| Helen C. Lockhart   |                     |                       |                          | 7) 646-8000             |  |
| Typed or printed name Telephone Number  |                     |                       |                          |                         |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                     |                       |                          |                         |  |
| Total of 1  | forms are subr      | nitted.               |                          |                         |  |
|   |                     |                       |                          |                         |  |

| Certificate of Mailing Under 37 CFR 1.8(a)      |   |
|---|---|
| aper referred to as being attached or enclosed) | is being deposited with the U.S. Postal Servi |
| First Class Mail, in an envelope addressed to:  |   |

I hereby certify that this paper (along with any pa the date shown below with sufficient postage as Alexandria, VA 22313-1450. ice on

Dated: August 8, 2007

(Sharon R. Lloyd)